

The director employed by Mr. Key is broader and more flat than usual, with a well-rounded point to prevent injury to the peritoneum.

The work is illustrated by three plates displaying the parts interested, and the position of the director, in the operations for the three principal classes of hernia.

In quitting the subject we have only to add that the style is plain and clear, and the facts stated interesting even to those whose minds are settled on all the controverted points advanced in the memoir.

R. C.

XXI. *A Treatise on the Venereal Disease and its Varieties.* By WILLIAM WALLACE, M. R. I. A., &c. &c. &c., Surgeon to the Jervis street Infirmary, Dublin; and to the Infirmary established in that City for the Treatment of Cutaneous Diseases, including Venereal Diseases. London, 1833. oct. pp. 382.

In the preparation of this treatise, Dr. Wallace professes to have divested his mind of the shackles of authority, and to have investigated venereal affections *de novo*. He commenced this plan so long ago as 1819, when his opportunities of observation were extended by his election as surgeon to the Jervis street Infirmary in Dublin. He informs us that, during the earlier period of this investigation, a system of treatment least likely to interfere with the operations of nature, was as far as possible adopted, with the object of acquiring a knowledge of the natural history of the disease—the local applications being, in general, lint wet with water, and, when necessary to prevent evaporation, covered with oiled silk, or with a pledget of wax ointment. All constitutional remedies, except mild laxatives, were avoided, unless when the patient's safety required, from the supervention of alarming symptoms, more active measures; and these were then employed in conformity to the general principles of medicine and surgery, totally abstracting from consideration every idea of the disease possessing specific characters or requiring a specific course of treatment. After this practice had been pursued for a sufficient time to fulfil the objects in view, various other modes of treatment, suggested by previously acquired knowledge of the advantages and disadvantages of mercury, were tried. The results of these plans, as obtained by the author, are set forth in the treatise under notice.

Nothing shows more clearly the embarrassment existing in regard to the cause of venereal affections, than the extremely various opinions maintained upon the subject by pathologists. Thus, whilst some suppose that the variety of symptoms resulting from promiscuous intercourse, are so dissimilar as only to be accounted for by presuming the existence of a plurality of venereal poisons, each causing its own specific effects; many are of opinion that one specific virus is sufficient to induce to all the symptoms; others again maintain that there is no necessity for admitting the existence of even one distinct poison, the effects produced by common irritants or morbid secretions giving rise to the various symptoms, according to modifying influences of structure, and other natural or accidental circumstances.

Dr. Wallace disbelieves in the existence of distinct venereal poisons, but holds in the existence of one specific virus, which he maintains gives rise to results palpably different from those of ordinary morbid secretions or common ir-

ritants. In the maintenance of this doctrine, we think our author behind the times, and believe that his reasoning upon the subject will be found any thing but conclusive, except perhaps to the minds of those who are so biassed by long belief or prejudice, as to be incapable of estimating fairly any facts or arguments but those favouring their own opinions. We must do Dr. Wallace the justice, however, to say that he has treated this much-contested part of his subject with a great deal of moderation, if not candour; and with such qualifications we are rather surprised that he has not been led to different conclusions. His admissions, however, if turned against him, are, we think, quite sufficient to subvert his own position. For example—

"It must," says he, "be admitted, that when the surfaces of the genital organs are irritated by mechanical causes, or by secretions which do not contain any specific virus, certain morbid discharges or ulcerations sometimes ensue, which cannot be distinguished, without great difficulty, from the supposed effects of the venereal virus; and perhaps on some occasions there does not exist any character cognizable by us, from which to arrive at a clear diagnosis between the effects of the venereal poison and the effects of common irritation. The question then arises, are the effects which result from the influence of common causes of irritation essentially the same as those produced by secretions, in which we presume the syphilitic virus to exist?"

We answer yes, and view his arguments to prove that there exist certain diagnostic signs by which an accurate observer will be enabled to discover marks of distinction between the primary or secondary symptoms produced by common irritants or acrid discharges from the diseased or irritated surfaces of the genital organs, as altogether inconclusive. The acuteness of Hunter failed in establishing a criterion between what have been styled the true and the spurious forms of syphilis; and from this author to Dr. Wallace, none has been established that will bear the test of experience. The reason is that there is no essential difference between the effects produced by a morbid secretion from the irritated, inflamed, or ulcerated venereal organs, and those of common irritants. Truly do we believe our author when he asserts, after a fruitless investigation into the diagnosis of primary syphilis—

"It thus appears, that neither the mode of origin, nor the form, nor the colour, nor the size, nor the number of the ulcers of primary syphilis are pathognomonic."

Our views upon this point have, however, been already expressed at some length in former volumes of this work, to which we beg leave to refer such as feel any curiosity or interest in the subject.*

The very rational views which Dr. Wallace furnishes in relation to the treatment adapted to the first stages of syphilis, furnish, we think, additional evidences of the identity of the symptoms arising from the various sources of irritation and inflammation.

"It may," says he, "be laid down as a general rule, that the prevention of inflammation and its consequences of morbid sensibility, and of indolent action, is to be anxiously kept in view during every stage of primary syphilis; for if any of these morbid states be produced, the case is thereby complicated, and the difficulty of treatment greatly increased."

* See the 1st and 2d Vols. of this Journal for 1827, Review of Richond on the Non-existence of the Venereal Virus.

"It is well known, that a certain degree of over-excitement, whether local or constitutional, will cause in one person violent inflammation, its concomitants and consequences; and that the same degree of excitement in a different person may produce morbid sensibility or irritability; while, under other circumstances, or in other habits, indolent action and induration, &c. &c. may ensue."

"If, therefore, undue excitement, either local or constitutional, may cause those morbid actions which retard or oppose the cure of primary syphilis, and complicate the indications of treatment, it follows, that, during every stage of the disease, great attention should be directed to guard against its occurrence. Indeed, if this all-important principle were carefully acted upon, the disease would, in a vast number of cases, speedily cicatrize without the interference of art. In fact, the closest attention to the great principle of preventing undue or inappropriate excitement, should not cease from the commencement of the treatment, until the disease has been brought to a conclusion. Whatever may be the remedies which he is using, the practitioner should be always on the watch—ever fearing the possible occurrence of unfavourable actions; and the moment he remarks those minute changes, which point out or foretell the approach of any deviation from the natural characters or progress of the disease, he should pause, and reflect on their cause. In short, he should then modify his treatment, or change it altogether. For it is inaccurately observing the very commencement of these changes, and in immediately altering the treatment accordingly, that the skill of the practitioner will be particularly exhibited; and it is the want of this observation, and a blind perseverance in a plan of treatment no longer suited to the individual case, which has led to so many revolutions in practice, and has frequently caused the most dreadful consequences to result from primary syphilis, which had commenced with the mildest characters."

"Gentleness in handling, unirritating applications, cleanliness, rest and position, the judicious regulation of regimen, and protection from vicissitudes or intemperance of atmosphere, are the measures for preventing, in constitutions otherwise healthy, this undue excitement." p. 89-90.

But we differ from Dr. Wallace entirely in regard to the advantage of the practice of *snipping off* the diseased structure, &c. as recommended in the following passage.

"As we seldom have an opportunity of observing primary syphilis before the stage of ulceration, we need scarcely consider the treatment which should be adopted earlier than this period. If, however, a case presents itself during the first stage, and while the part is only in a state of circumscribed phlogosis, the diseased structure may without hesitation be snipped off, the wound allowed to heal, and for security against secondary symptoms, the patient should be treated constitutionally, as if he had not applied until the disease was more advanced."

This practice we think decidedly at variance with his very just position, that the sooner the primary ulcer is healed the sooner the risk of several serious consequences both local and constitutional will be removed.

In his general treatment our author professes himself a limited mercurialist. His views with regard to this once considered indispensable mineral agent, may be gathered from the following passage.

"Perhaps there does not exist in the materia medica any agent entitled to the denomination of a specific, in the sense in which mercury was formerly considered a specific for the venereal disease; for there is no remedy which is capable under every circumstance of curing any given disease. Sulphur will not necessarily remove scabies; nor will bark necessarily remove ague. There often exist controlling circumstances to prevent the sanative influence of both the former and the latter. But do we on this account deny their specific influence

in these diseases? or, in other words, do we deny that the actions produced by the influence of these remedies have a remarkable efficacy in subduing or removing the morbid states just mentioned? Certainly not. We still consider them as specifics; or, in other words, as powerful means of controlling or removing certain diseases; and we endeavour by patient inquiry and by accurate observation, to discover the circumstances under which they do not exercise their beneficial influence. Precisely similar views should regulate our conduct in the employment of mercury for the treatment of venereal diseases. Its beneficial operation on many occasions cannot be doubted, its injurious influence on others is equally certain; and it is our duty to administer it in the former, and to refrain from it in the latter. We must learn when to use it, and when to refrain from its use. In this consists, if not the whole, at least the principal difficulty in the treatment of the venereal disease; and it is this knowledge which distinguishes the pathologist from the empiric." p. 104.

And again—

"On the whole, while I admit the important results which have sprung from modern inquiries respecting the venereal disease, and the action of mercury, and feel sincerely grateful for the addition thereby made to our knowledge, and particularly as to the determination of the question of the general curability of venereal diseases without mercury, I must express my conviction, that much mischief has arisen from the general cry raised against this medicine, and from the vacillating and unsteady practice to which this injudicious clamour has led. These modern prejudices are now however ceasing, not gradually but rapidly; and I have no doubt that ere long a middle course of practice will be universally adopted; and that the evils of the old mercurial, and of the more modern anti-mercurial practice will be equally avoided, and a rational system of treating the venereal disease adopted in their place—founded upon a knowledge of the facts, that mercury, if properly administered, is in a great number of cases highly efficacious in controlling the venereal disease, or that form of morbid action which is produced by the influence of the venereal poison; that this disease may however be in general cured, if necessary, without mercury; and that on some rare occasions, this remedy, in place of curing syphilis, will aggravate all its symptoms. In short, with these facts, which have been satisfactorily ascertained by modern researches, and which are now placed before our eyes, we shall no longer be in danger of employing mercury, when more mischief than good may result from its employment; nor of persevering in its use, when it can no longer serve any good purpose, but may produce the most injurious consequences. We have however much still to learn; and it is the duty of every practitioner, who possesses opportunities, to take advantage of them, and endeavour to arrive at fixed rules of conduct in respect to many points as yet unsettled."

The great lesson to learn may, we think, be comprised in very few words; namely, to treat syphilitic affections upon the same general principles applicable to other diseases, without any reference to a specific cause, but with proper regard to the modifying influence of structure and other peculiarities connected with the organization. And with respect to the application of mercurials either externally or internally, let this be done without any view as to their specific powers to controul one disease, but merely as agents useful in most chronic disorders when judiciously applied.

We have not sufficient space left us to speak of all the local means resorted to by Dr. Wallace for the treatment of primary syphilis. No new application is however recommended by him, as he has very sensibly concluded that more depends upon the judicious employment of ordinary remedies, than upon trials of new ones. In dispensary practice, and among the lower ranks of society,

Dr. Wallace very properly observes that the internal use of mercury, particularly at inclement seasons of the year, can seldom be safely recommended.

"In such persons," says he, "and under such circumstances, topical applications are of infinite value. In cases of this kind, I generally confine my treatment to them, in conjunction with the internal use of nitrous acid; and by these means, I succeed for the most part in healing the disease with rapidity. Cases treated in this way are also very seldom followed by secondary symptoms."

We not only accede to the practical views of Dr. Wallace, given in the following extract, but believe that the beneficial effects of the general treatment are frequently if not always attributable to such treatment, rather than the subsequent mercurial course to which they are so often ascribed.

"It is, in fact," says he, "an occurrence of every day to observe cases of primary syphilis, the inflammation or other adventitious morbid actions of which could have been easily subdued by a purge, a poultice, and a day or two of rest and abstinence, and thus prepared for a simple course of treatment, so irritated by inappropriate applications, that the inflammation, &c. soon becomes greatly increased, and consequences ensue, which lead to other consequences, the termination of which we cannot foresee."

"It is, therefore, scarcely necessary to observe, that, whenever a patient applies for our advice, if the disease, although regular in all its other characters, be accompanied by a greater degree of inflammation or irritation than is inseparable from it in its simplest form, we must pause for a day, and by appropriate measures bring the part and system into a state of tranquility. By a delay for this purpose, we shall not lose, but on the contrary gain time. Indeed, in the majority of cases of even the most simple and regular forms of primary syphilis, I employ the first day in purging my patient actively; and if he be of a plethoric habit or sanguineous temperament, I direct that from twelve to eighteen ounces of blood shall be taken from his arm. No inconvenience can result from this practice; and on very many occasions, it will not only prevent future mischief, but also contribute greatly to the more satisfactory action of all the remedies afterwards employed. There can, in fact, be no doubt that the abstraction of blood in healthy constitutions eminently promotes the salutary influence of mercury, and also keeps in subjection that inflammation or phlogosis which is necessarily attendant on the actions of reparation, but which, if allowed to exceed an appropriate degree, not only retards these actions, but may lead to their total suppression."

The rule we would lay down for the use of mercurial remedies is, never to employ them so long as antiphlogistic means are called for; as their operation must always be injurious unless when resorted to in the chronic stages after the subsidence of all general inflammatory action.

Dr. Wallace has given a strong evidence of the minuteness with which he has carried his observations into this disease, in his classification of what he terms phagedenic primary syphilis. The order he at first adopts is as follows:—

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| 1. | 2. | 3. |
| <i>Without slough.</i> | <i>With white slough.</i> | <i>With black slough.</i> |
| A. Simple. | A. Simple. | A. Simple. |
| B. Inflamed. | B. Inflamed. | B. Inflamed. |
| C. Irritable. | C. Irritable. | C. Irritable. |

Each of these orders is again distributed into varieties and sub-varieties, a

minuteness of division, the advantages of which are, to say the least, equivocal. Indeed, the author's own words bear us out in this position.

"In conclusion," says he, "the attentive reader will have observed, during his perusal of the preceding account of the symptoms and treatment of phagedenic primary syphilis, that there exists a striking analogy between the corresponding varieties of all the species. Thus, all the simple varieties resemble one another, all the inflamed varieties are in some respects strikingly similar, and there exists a remarkable analogy among all the irritable varieties. Hence we might adopt the characters according to which the varieties are distinguished from each other, or the state of inflammation and irritability, &c. as the basis for distinguishing the species."

Dr. Wallace's chapter upon the phagedenic form of syphilis is exceedingly rich in practical information. Indeed, we may say the same of most or all of the other chapters of his book, which, however, notwithstanding the restrictions introduced in regard to the use of mercury, are, we think, still too highly charged with that mineral.

We approve highly of Dr. W.'s adoption of the term *catarrhal primary syphilis*, as a substitute to the ordinary terms gonorrhœa, blennorrhœa, &c. as it expresses that semblance between the discharge from the mucous tissue of the urethra and that of other passages, which we believe to subsist, denoting at the same time the primary characteristics of the disease. But it is impossible for us on the present occasion to mark all that we approve, or note what we would feel disposed to condemn. Among the latter, however, we cannot pass over the practice of administering mercury in the catarrhal forms of syphilis, although exhibited in what our author terms "small doses." The small doses mentioned as sufficient "to protect the constitution from contamination," consist of about five grains of the blue pill with one-fourth of a grain of opium, *twice* a day, morning and night, seldom continued longer than two or three weeks. We totally disagree with him in all the reasoning he has brought to sustain his point of the necessity of mercury, and especially in his fifth and last, which runs in the following words: viz.—

"If mercury does not serve any useful purpose in the treatment of catarrhal syphilis, it can do no harm if properly administered, nor will it interfere with the administration of any other remedies."

We venture to assert that other parts of his ordinary practice in catarrhal syphilis, will also be regarded as exceptionable by the most judicious practitioners. We refer to his use of stimulants and tonics, as we think, in too liberal doses, or at too early a stage. So far as our observation extends, the most mischievous consequences attend a practice of this kind, notwithstanding the striking success which sometimes follow it.

The volume which we have thus cursorily noticed is the first part of a work, the succeeding portion or portions of which are to follow as quickly as possible. It is, however, complete in itself and independent of those which are to follow. In addition to the letter-press, the author promises a series of delineations illustrative of his views, to be "executed in such a manner as truly to represent nature." The ample extracts we have made, will, we think, convince the reader that Dr. Wallace's treatise contains much valuable information.